ANNEXURE-I

PATIENT CONSENT FORM

I……..son/daughter/wife of …….exercising my free power of choice, hereby give my consent for information related to me to be reported in the research study."Isolation,Identification and Anti fungal susceptibility testing of C.albicans and detection of ERG 11 gene in fluconazole resistant C.albicansisolates.".I understand that my name and identity will be concealed.Once signed,I cannot revoke my consent.

(To be explained in detail in native language)

Signature of patient.

सहमतिफामम

मैं/ पुत्र..... पुत्री/पत्नी/ ..... स्वयंइसअध्ययनमेंभागलेरहा/रहह।मैंस्वयं मुझसेसंबंधीसचनाइसअध्ययनकायममेंप्रकाशिकरनेकीसहमतिदे/देह।मैंसमझिा/ समझिीहककमेरापहचानगोपनीयरखीजाएगी।एकबारहस्ाक्षरकेपश्चाि मैंसहमतिरद्दनह करसकिा/ सकिीहं।

सहभागी

नामः.....

हस्ाक्षर/अगुठेकातनिानः.....

ददनाकः.....

ANNEXURE-II

PATIENT'S PROFORMA

Name	
Age	
Sex	
UHID number	
Site of infection	
Sample taken	
Isolate	
Species Identification by Culture of specimen on	
Inoculation on Blood agar	
Inoculation on Macconkey agar	
Inoculation on SDA	
Incubation time and period	
Colony Morphology	
Gram stain of colonies	
Germ tube test	
Growth on Corn meal agar	
Growth on Hichrome agar	
Anti fungal susceptibility testing Fluconazole	
Result of ERG 11 gene in fluconazole resistant isolates by PCR	

ANNEXURE-III

CLINICAL CORRELATION OF THE PATIENTS

Name of the patient	
Age	
Sex	
UHID number	
Site of infection	
History of present illness	
Sample taken	
Organism isolated	
Antifungal given	
Outcome of patient	